





## **Hardship Collection Services**

The Department of Public Works (DPW) provides hardship collection services for residents who are physically unable to place or return their garbage/recycling containers. The trash/recycling crew will collect the containers from your storage location, empty, and return them to their storage location. If there are other residents in the household who are of sufficient age and of physical ability, we ask that they place and return the containers.

A doctor's certificate or valid disabled certificate from the Department of Motor Vehicles (DMV) stating that all occupants are incapable of placing trash/recycling containers at the designated point of collection is required. This application and the doctor's or DMV certification(s) can be mailed to the below address or faxed to 202-645-3893.

Please provide the following information to dete	ermine your eligibility for this service
Applicant Name	Age
Address	Zip
Primary Phone	Other
Name and age of persons living the household	
1.	Age
2	Age
3	Age
The above information is true and accurate and reelects t	this households existing condition, I
Name and phone number of the physician that can verify  The above information is true and accurate and reelects to acknowledge the District's right to investigate the inform determine whether a doctor's statement is needed to very signature	this households existing condition, I ation furnished and their right to rify disability.
The above information is true and accurate and reelects to acknowledge the District's right to investigate the inform determine whether a doctor's statement is needed to versignature	this households existing condition, I lation furnished and their right to rify disability.  Date
The above information is true and accurate and reelects to acknowledge the District's right to investigate the inform determine whether a doctor's statement is needed to versignature	this households existing condition, I ation furnished and their right to rify disability.  Date
The above information is true and accurate and reelects to acknowledge the District's right to investigate the inform determine whether a doctor's statement is needed to versignature  Granted Collection will begin on:  Denied Continue to place your trash at the designation of th	this households existing condition, I ation furnished and their right to rify disability.  Date
The above information is true and accurate and reelects to acknowledge the District's right to investigate the inform determine whether a doctor's statement is needed to versignature	this households existing condition, I ation furnished and their right to rify disability.  Date signated point of collection  ministration d Floor
The above information is true and accurate and reelects to acknowledge the District's right to investigate the inform determine whether a doctor's statement is needed to versignature  Granted Collection will begin on:  Denied Continue to place your trash at the designature RETURN TO:  Solid Waste Management Adia 1725 15th Street N.E. 20:	this households existing condition, I ation furnished and their right to rify disability.  Date signated point of collection  ministration d Floor